

**John Hancock Life Insurance Company**  
**P.O. Box 111**  
**Boston, MA 02117**

**Consumer Service Telephone No.** 1-800-377-7311

**Form No.** LTC-03 WI

**First-Year Commission:** 52.4% Average

**Preexisting Condition**  
**Waiting Period:** None

**Health History Requested:** General health questions

**Claim Payment Method:** Actual charges up to fixed amount

**Activities of Daily Living (ADLs) Required:** 2

Annual Premium for \$100/Day Nursing Home Benefit and \$100/Day Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$1,084.40	\$ 903.67	50	\$2,309.88	\$1,941.57	
65	1,869.08	1,557.57	65	3,911.90	3,259.92	
70	2,777.74	2,314.78	70	5,263.81	4,386.51	
75	4,334.73	3,612.28	75	7,622.46	6,352.05	
80	N/A	5,669.38	80	N/A	N/A	

Premiums are based on issue age.  
 \* Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	Ages 18-79: \$60 - \$999 per day Ages 80-84: \$60 - \$500 per day	\$60 - \$999 per day \$60 - \$500 per day
Benefit Period	2, 3, 4, 5, 6, 10 years or lifetime	2, 3, 4, 5, 6, 10 years or lifetime
Elimination Period	30, 60, 90, 180, or 365 days	30, 60, 90, 180, or 365 days

Must be met once per lifetime.

**Other Benefits Included  
in Basic Policy**

- Adult Day Care
- Assisted Living Facility
- Bed Reservation
- Caregiver Training
- Equipment Purchase
- Guaranteed Purchase
- Hospice Care
- Inflation Protection
- Instrumental Activities of Daily Living
- International Coverage
- Respite Care
- Return of Premium
- Spousal Discount
- Waiver of Premium

**Optional Benefits for  
Additional Premium**

- Nonforfeiture Benefit
- Paid-up Survivor
- Restoration of Benefits
- Return of Premium

**John Hancock Life Insurance Company**  
**P.O. Box 111**  
**Boston, MA 02117**

**Consumer Service Telephone No.** 1-800-377-7311

**Form No.** BSC-03 WI

**First-Year Commission:** 52.4% Average

**Preexisting Condition**  
**Waiting Period:** None

**Health History Requested:** General health questions

**Claim Payment Method:** Actual charges up to fixed amount

**Activities of Daily Living (ADLs) Required:** 2

Annual Premium for \$100/Day Nursing Home Benefit and \$50/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 866.14	\$ 721.79	50	\$1,914.34	\$1,595.28	
65	1,572.57	1,310.48	65	3,293.78	2,744.82	
70	2,333.24	1,944.36	70	4,429.25	3,691.04	
75	3,643.81	3,036.51	75	6,418.66	5,348.88	
80	N/A	N/A	80	N/A	N/A	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	Ages 18-79: \$60 - \$999 per day Ages 80-84: \$60 - \$500 per day	\$30 - \$999 per day \$30 - \$500 per day
Benefit Period	2, 3, 4, 5, 6, 10 years or lifetime	2, 3, 4, 5, 6, 10 years or lifetime
Elimination Period	30, 60, 90, 180, or 365 days	30, 60, 90, 180, or 365 days

Must be met once per lifetime.

**Other Benefits Included  
in Basic Policy**

Adult Day Care  
 Assisted Living Facility  
 Bed Reservation  
 Hospice Care  
 Inflation Protection  
 Instrumental Activities  
 of Daily Living  
 International Coverage  
 Respite Care  
 Spousal Discount  
 Waiver of Premium

**Optional Benefits for  
Additional Premium**

Nonforfeiture Benefit  
 Paid-up Survivor